CITATION THE STATE OF TEXAS

CAUSE NO. D-1-GN-15-000680

SOUTH AUSTIN PHARMACY, LLC

vs.

PHARMACISTS MUTUAL INSURANCE COMPANY

, Plaintiff

, Defendant

TO: PHARMACISTS MUTUAL INSURANCE COMPANY
BY SERVING ITS ATTONREY FOR SERVICE JAY A. THOMPSON
701 BRAZOS STREET, SUITE 1500
AUSTIN, TEXAS 78701

Defendant, in the above styled and numbered cause:

YOU HAVE BEEN SUED. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 A.M. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you.

Attached is a copy of the PLAINTIFF'S ORIGINAL PETITION of the PLAINTIFF in the above styled and numbered cause, which was filed on FEBRUARY 20, 2015 in the 53RD JUDICIAL DISTRICT COURT of Travis County, Austin, Texas.

ISSUED AND GIVEN UNDER MY HAND AND SEAL of said Court at office, February 26, 2015.

REQUESTED BY:
GEORGE EDWARDS
3401 ALLEN PARKWAY, STE 101
HOUSTON, TX 77019
BUSINESS PHONE: (713) 284-1632 FAX: (713) 583-8715

Velva L. Price
Travis County District Clerk

Travis County District Clerk Travis County Courthouse 1000 Guadalupe, P.O. Box 679003 (78767) Austin, TX 78701

PREPARED BY: PATSY YBARRA

| Came to hand on the 10th day of March, & | | |
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| executed at | | |
| on the day of | o'clock1 | М., |
| by delivering to the within named | , е | ach |
| in person, a true copy of this citation together wit | h the PLAINTIFF'S ORIGINAL PETITION | |
| accompanying pleading, having first attached such co | py of such citation to such copy of pleading | g |
| and endorsed on such copy of citation the date of de | livery. | |
| | • • | |
| Service Fee: \$ | Sheriff / Constable / Authorized Person | <u></u> |
| Sworn to and subscribed before me this the | | |
| | By: | |
| day of, | | |
| | Printed Name of Server | |
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| | County, | Texas |
| Notary Public, THE STATE OF TEXAS | 4 | |
| D-1-GN-15-000680 SERVI | ICE FEE NOT PAID POI - 0000 | 27729 |
| E.T. CH. TO 600000 | | |